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ABSTRACT

The three papers examine rural early education and related services for young children with handicaps. The first paper is entitled "A University Based Inservice Training Model for Personnel Serving Handicapped Preschoolers" by S. Stile and T. Pettibone and reports evaluation results of a New Mexico project serving 14 teachers with a 5 week summer training program. Results indicated that six of the eight objectives had been reached or surpassed. Seven steps of program development from establishment of traineeships through development of coursework and evaluation are also identified. Among appendixes are a competency list and an excerpt from the course syllabus. The second paper, by J. Tucker and M. Riley, is titled "Delivering Services to Handicapped Children in Rural Areas--Issues and Answers." The paper describes a rural home based program, Project Family Link, which stresses home based teaching, family involvement, and service linkage. Also considered are "rural realities" in the following areas: reaching families, type of program, staff, parental involvement, support services, and funding. The third paper, "Rural Early Intervention Services--Issues in Implementation and Evaluation" by B. Mallory, reports on a field study of two rural center based programs for young handicapped children. The author proposes hypotheses about service delivery and resource allocation concerned with social distribution of program information necessary for decision making; locus of control and community integration; local response to externally generated policies; identification of eligible population; service delivery systems; local resource allocation; and integration with social service networks. He concludes that centrally controlled implementation is not successful in assuring the replication of a specific program model aimed at a narrowly defined population living in a rural community. (DB)

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Education and Related Services for Young Children With Special Needs in Rural America

Introduction
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A University-Based Inservice Training Model for Personnel Serving Handicapped Preschoolers, Toddlers and Infants in Rural Areas

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Delivering Services to Handicapped Children in Rural Areas: Issues and Answers

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Rural Early Intervention Services: Issues in Implementation and Evaluation

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These papers were presented at the annual meeting of The Division for Early Childhood of the Council for Exceptional Children, New York City, New York April 14, 1981.

INTRODUCTION

Three aspects of rural early education and related services for young children with handicaps are examined in this series of presentations. The individual papers deal with inservice training, delivering services, and implementing/evaluating programs in rural settings. Each of these approaches bring young children with special needs together with professionals in three different rural areas of the country.

These papers were selected for presentation due to their relevance to the purpose and goals of the Office of Special Education's (OSE) Handicapped Children's Early Education Program (HCEEP), the Outreach Project for Early Education of Exceptional Children (PEEEC Outreach), and the HCEEP Project's RURAL NETWORK.

PEEEC Outreach is one of the projects of the West Kentucky Educational Cooperative (WKEC) which serves special needs — children and their families in rural Western Kentucky. WKEC is made up of 23 public school districts, the Owensboro Diocese Schools and Murray State University. PEEEC Outreach is currently in its first year of the Outreach phase. Outreach services for agencies and professionals are based on the model for three to eight year old children with multi-handicaps and their families which was developed during the three year demonstration phase of PEEEC (1977-1980).

The PEEEC Demonstartion model is characterized by services to children including public school preschool screening of children beginning at age two and one half; diagnostic prescriptive teaching; center or home based intervention; integration into school-aged programs with follow-up; teacher implemented individualized parent services; and demonstration and dissemination services which included inservice training, and training for university students. The PEEEC Outreach

services are designed to assist other agencies in developing or expanding programs for young children or families based on the PEEEC model. Demonstration/Dissemination and Training/Technical Assistance services are offered. Outreach assistance is provided for WKEC school districts, several of the Kentucky's Individualized Kindergarten's (KIK) projects, Head Start Centers, and Mental Health/Mental Retardation Centers serving young children.

PEEEC Outreach staff actively participate in the work of the HCEEP RURAL NETWORK. Rural HCEEP projects developed this network in response to several needs which included:

- -Improving the quality of services available to the young handicapped children in rural America.
- -Increasing educational opportunities for this population.
- -Exchanging information about problems in service delivery of the uniquely rural nature and sharing effective solutions to those problems.
- -Providing a voice for Rural America's young handicapped children.

Each of the papers which follow focus on different aspects of early intervention for young children with special needs, all of which have been faced by rural programs everywhere. The individual papers provide information which is helpful in furthering the work being carried out by PEEEC Outreach and the projects comprising the HCEEP RURAL NETWORK.

Stephen Stile presents a paper developed along with Tim Pettiborne on an inservice training model for personnel serving handicapped preschoolers. Major steps involved in the delivery of inservice in rural New Mexico are described along with the results of this project to date according to the Discrepancy Evaluation Model. This paper relates to PEEEC Outreach in terms of efforts by Outreach staff to provide inservice training for professionals currently working in Kentucky. The implications for

HCEEP RURAL NETWORK members are clear in terms of cooperative arrangements with university-based programs to foster training and retention of rural project staff members.

Issues that must be faced by rural service providers are addressed by Jamie Tucker in her paper. She contends that there are a number of issues that compound service delivery for the rural as well as urban and surburban areas, but the unique nature of the rural area makes finding solutions more complex. The issues are addressed in this paper in two parts. First, a description of Project Family Link, a home-based intervention program for young handicapped children and their families is described. Following this is a discussion of "rural realities" encountered by the home-based project which Tucker, through her work in the RURAL NETWORK has found to be fairly universal for other rural programs as well.

Issues in implementation and evaluation of rural early intervention services are outlined in the paper by Bruce Mallory. His findings were generated during an 18 month field study (1978-1979) of two rural early intervention programs in Southern Appalachia which was conducted to demonstrate one approach to qualitative, ecological program evaluation. He presents several hypothesis in hierarchical order, from an overarching statement about the distribution of information regarding a program to more particular statements about service delivery and resource allocation. Several implications for policy making are stated regarding the need for refinements in the rural early intervention service delivery system and new approaches to evaluating early intervention policies and programs. He cautions that any examination of the issues upon which his recommendations are built must take into consideration the ecological variables that affect policy development and implementation.

Through an examination of the three aspects of rural early education and related services presented here, successful approaches to providing high quality services are brought to light. In each aspect described it becomes clear how people in rural areas have dealt with the problems of inservice training, "rural realities " in service delivery, and ecological variables affecting implementation and evaluation. There are indeed a set of circumstances, as described in these papers, affecting early intervention which are of a uniquely rural nature. These all have affected the work of PEEEC Outreach in Kentucky as well as the HCEEP RURAL NETWORK Projects and rural programs in general. The information which follows then is presented in an attempt to meet the need identified by the HCEEP RURAL NETWORK for exchanging information about problems of a uniquely rural nature and sharing effective solutions to those problems.

A University-Based Inservice Training Model for Personnel Serving Handicapped Preschoolers, Toddlers and Infants in Rural Areas

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April, 1981

Running head: Inservice Training Model

A University-Based Inservice Training Model for Personnel Serving Handicapped Preschoolers, Toddlers and Infants in Rural Areas

As Karnes (1975) has pointed out, teachers who have been trained to work with normal young children (early childhood certification) or with older handicapped children (special education certification) are often unprepared to assume the multiple responsibilities of the teacher of preschool handicapped chidren. Such a teacher "is often a diagnostician, curriculum developer, manager and team leader, parent worker, trainer of volunteers and paraprofessionals, and public relations expert" (p.81). In addition, this individual is also a teacher of a unique population of children (Hirshoren & Umansky, 1977).

Prior to the 1979-1980 academic year, few (if any) formal, ongoing mechanisms existed for the delivery of inservice training for personnel serving New Mexico's preschool aged (0-6) handicapped population. Therefore, the project described in this paper was proposed and subsequently funded by the Bureau of Education for the Handicapped (BEH) effective June 1, 1979. The project is presently in the second year of a three-year cycle.

The following seven thrusts were proposed in response to the state's rural-remoteness (i.e., New Mexico ranks fifth geographically and thirty-seventh in population).

1. "School specific" on-site training by project staff.
2. University-based summer traineeships for one individual selected from each of New Mexico's 32 counties (see Appendix A).

3. Field-based follow-up to summer training on special study basis.

4. Regional workshops.

5. Field-based service activities within home counties by former summer trainees.

6. Linkage with the Educational Resources Information Center's Clearinghouse on Rural Education and Small Schools (ERIC/CRESS).

7. Establishment of a training materials collection at NMSU.

Subsequent budget negotiations with the funding agency resulted in (a) elimination of the on-site field-based training, and (b) reduction from 32 to 28 counties served in the university-based summer training component.

Procedure

Figure 1 graphically describes the seven major steps involved in the university-based inservice training model. These steps are also described in narrative form in the following seven subsections.

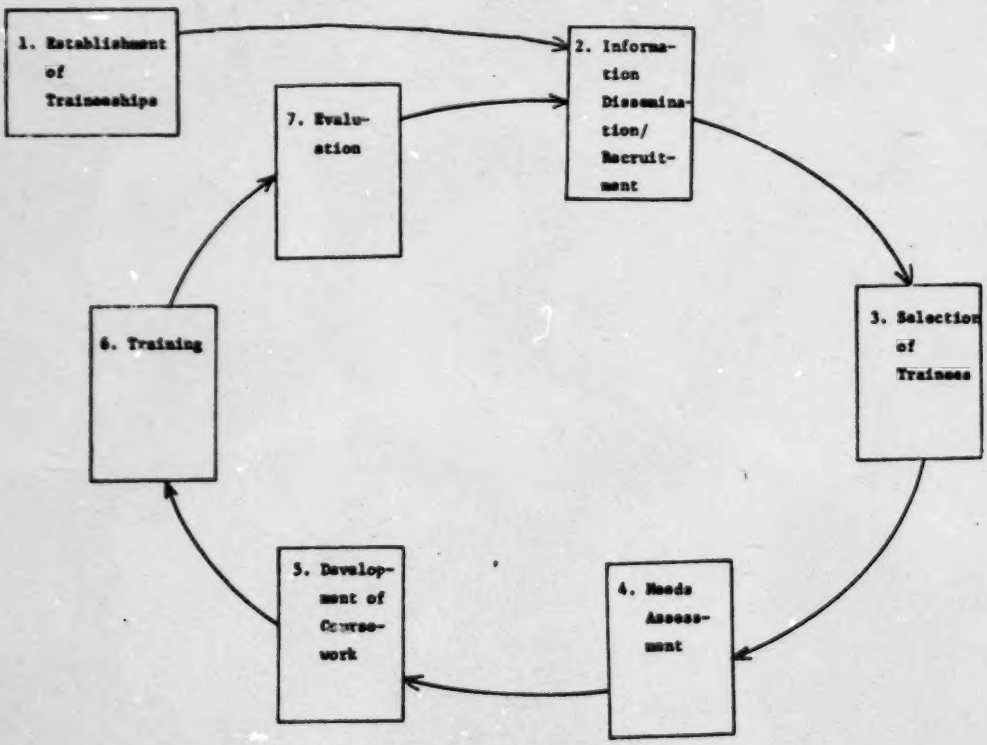

Figure 1. Major steps in the university-based inservice training model

1. Establishment of traineeships. Trainee in-state tuition and stipend dollar amounts were established with reference to Sections 121f.42 and 121f.50 of the Code of Federal Regulations (1978). The traineeships consist of a $75.00-a-week stipend for living expenses plus paid in-state tuition for six graduate credit hours.

2. Information dissemination/recruitment. The bulk of the summer trainee recruitment efforts have been carried out via project-developed brochures and posters. During each of the last two academic years, 1,000 brochures and 200 posters have been distributed (i.e., posted, hand-delivered, and/or mailed) to potential trainees through such agencies as the 89 local school districts, state-operated residential schools, local offices of the Division of Family Services, and Head Start programs. Additional information dissemination and/or recruitment efforts have included personal contact at professional conferences and state-wide news releases (see Appendix B).

3. Selection of trainees. A project advisory board consisting of a parent of a handicapped child, the director of the local community-based infant and preschool programs for the handicapped (Open Door[1]), the director of the NMSU Office of Indian Affairs, a professor of speech pathology, and a professor of educational administration have assisted the project staff in the trainee selection process. Trainees have been selected on the basis of the following four criteria:

Notes:

[1]Open Door, Inc., is a local community-based program which operates replication sites for the University of Wyoming's Infant Stimulation Program (WISP) and the University of Illinois' Precise Early Education for Children with Handicaps (PEECH) program. These programs are housed within the NMSU College of Education and provide practicum experiences for summer trainees.

1. Current employment in a preschool program serving handicapped children.

2. Acceptance by the NMSU Graduate School.

3. Signed agreement to provide service in the home county or region (e.g., community screening).

4. Stated need for training.

4. Needs assessment. Immediately upon selection, trainees are provided with a needs assessment instrument. This form provides the project staff with perceived training needs within the project's seven major curricular areas. For example, the spring 1980 needs assessment led to the inclusion of a session on grantsmanship and a greater emphasis upon parent involvement than originally planned.

5. Development of coursework. The summer coursework is developed around Stile's Student Competency Checklist (1978). A 1981 revision of this document (see excerpt from original document in Appendix C) is now being completed and will be submitted for inclusion in the ERIC system. The three-hour lecture class (SPED/ECED 550) and three-hour practicum (SPED 501) provide knowledge and skills within the following seven broad areas of competency:

1. The development and use of an individualized educational program (IEP).

2. Curriculum planning.

3. The developmental tasks approach.

4. Classroom/instructional management.

5. Behavior management.

6. Instructional materials.

7. Miscellaneous background information/skills (e.g., grantsmanship, identification and reporting of child abuse, bilingual/bicultural considerations, etc.)

6. Training. Campus-based inservice training is delivered during a five-week summer session. It is estimated that (including outside assignments), the number of training hours equals 200. The total hours may be broken down as follows:

1. In-class lectures/workshops (two hours daily for five weeks = 50 hours) (see Appendix D for excerpt from course syllabus).

2. "Hands-on" experience in PEECH/WISP programs (two hours daily for five weeks = 50 hours).

3. Outside assignments (e.g., abstracts over very recent professional literature, etc.) (four hours daily for five weeks = 100 hours).

7. Evaluation. The Discrepancy Evaluation Model (DEM) (Yavorsky, 1976) is employed to carry out evaluation of the total project. The "Results" section below will present evaluation data from the first year. As described graphically in Figure 1, these findings are used for revision purposes in subsequent years.

Results

Table 1 describes major evaluation questions according to the DEM convention. In DEM, data gathering for revision purposes is simply a matter of determining whether a discrepancy exists between what is (achievement) and what should be (outputs). The Results section is organized into the following eight subsections which relate to the outputs listed in the last column of Table 1.

Table 1

Program Design, AY: 1980-1981

Inputs	Process	Outputs
1. Project Advisory Board 2. Project review of recent legislative mandates/state rules and regulations/applied research data for purposes of revising Student Competency Checklist, etc. 3. Project trainees' feedback via Student Competency Checklist.	1. Summer Institute: competency-based training for teachers of preschool handicapped children (five-week classroom instruction). 2. Summer Laboratory: four-week "hands-on" training to NMSU's preschool handicapped summer program. 3. Field-based special problems follow-up.	1. At least 14 trainees (representing 14 of New Mexico's 32 counties) selected on the basis of project eligibility criteria as outlined in recruitment brochure. 2. At least 80% of the trainees rate training program at 80% (level four on a five-point Likert Scale) over all elements of each training session. (80/80 criterion) 3. At least 80% of campus-based trainees score 80% or better on all objective-referenced tests in seven broad areas of training. (80/80 criterion) 4. Project staff will observe improvement in trainees' skill levels as they interact with preschool handicapped children in a laboratory situation. 5. At least 80% of trainees contract to do follow-up special study in at least one of the seven broad competency areas. 6. At least 80% of preschool students achieve objectives in at least two areas as identified on laboratory IEP's. 7. At least 80% of the trainees will provide inservice training to their home programs and/or service to their own or contiguous counties. These activities will be based upon the summer inservice training program.[2] 8. At least 80% of the trainees will directly apply the NMSU competencies in their own programs.

[2]Outputs 7 and 8 were added based on feedback from the external evaluator prior to summer 1980 training.

1. DEM Output 1 (results). Subsequent to budget negotiations with the funding agency, the number of summer traineeships was reduced from 16 to 14. Recruitment and screening efforts led ultimately to the selection of 14 trainees by the Project Advisory Board. The desired output was achieved since (a) 100% of the trainees were selected on the basis of previously stated criteria, and (b) the trainees represented 14 separate counties.

2. DEM Output 2 (results). Summer trainees evaluated the training on a weekly basis using a five-point Likert Scale. Trainees were asked to rate each weekly unit (i.e., five days) of training in the following five ways:

1. overall degree of interest (1-5)
2. overall value (1-5)
3. overall value of the audiovisual materials (1-5)
4. informational value of handouts (1-5)
5. degree to which the training provided a better basis for working with handicapped preschoolers (1-5)

Based upon the trainees' ratings over the above five areas of concern, the program successfully achieved the desired output. Trainee ratings surpassed the 80% criterion for four of the five weeks (80% of the sessions). These data are presented graphically in Figure 2.

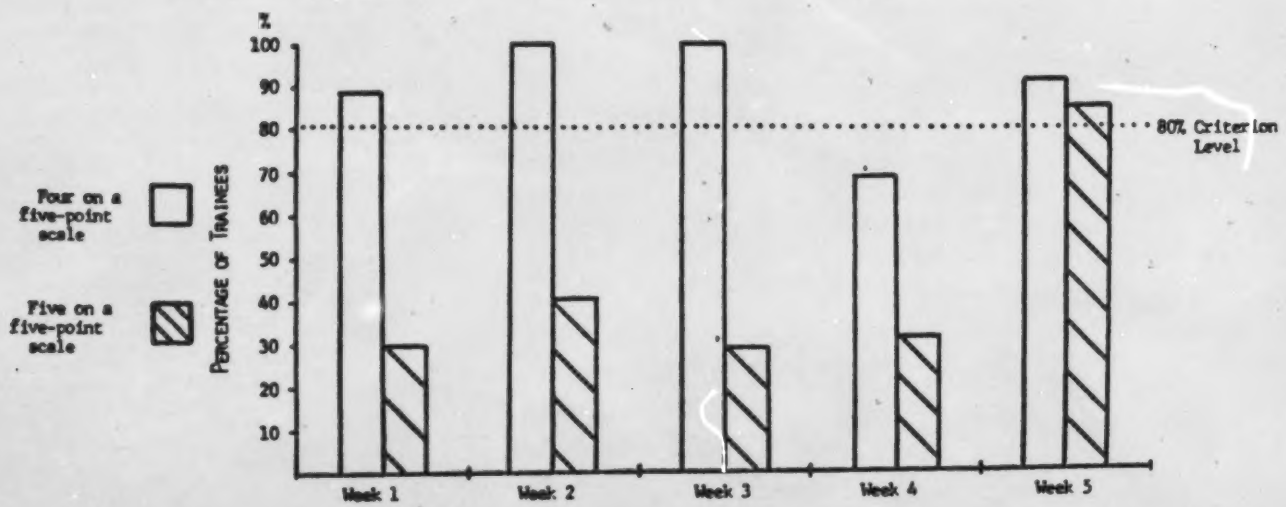

Figure 2. Ratings By Trainees of Weekly Units of Work

3. DEM Output 3 (results). This output was concerned with the levels at which the 14 trainees scored on an objective-referenced posttest over the seven broad areas of competency described at the beginning of this paper. Figure 3 reveals that 100% of the trainees scored 80% or better on the posttest, thus achieving the desired output. Furthermore, 79% of the trainees scored 90% or better and trainee number six achieved the 100% level.

Since the same objective-referenced test was administered to all 14 trainees on a pretest basis, it was also possible to evaluate output 3 relative to gain scores. Figure 3 graphically indicates that 100% of the scores improved on the second administration.

Another check on the pretest-posttest gain would be to employ a one-group pretest-posttest (Borg & Gall, 1974) and to compare the pretest and posttest means for statistical significance, using a *t*-test for correlated means. The obtained *t* value of 15.66 for 13 degrees of freedom (13 *d.f.*) was statistically significant beyond the .001 level of probability ($p < .001$). As Borg and Gall (1974) have pointed out, the one-group pretest-posttest design is appropriate when (as in the present project's five-week inservice training) the interval between the pretest and posttest is relatively short, thus minimizing threats to internal validity such as history and maturation.

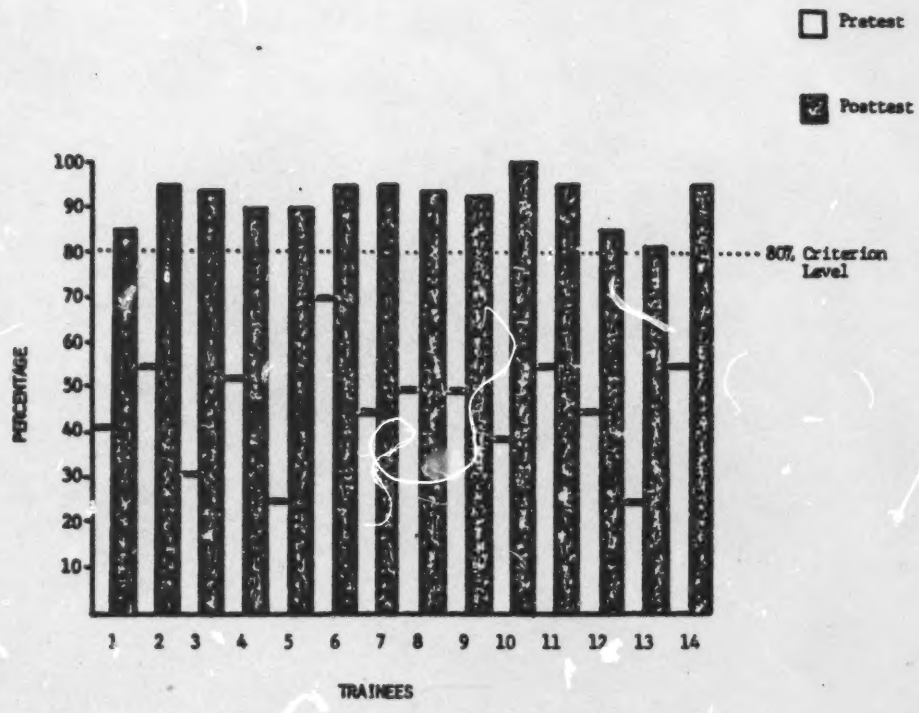

FIGURE 3. PERCENTAGE OF ACCURATE RESPONSES BY TRAINEES ON OBJECTIVE-REFERENCED PRE AND POSTTESTS

4. DEM Output 4 (results). The project staff and practicum personnel were unable to agree upon a valid and reliable observation instrument prior to the beginning of the summer 1980 inservice training and, therefore, this output was not measured. An observation instrument will be adopted/developed prior to the summer 1981 training session and data regarding this output will be reported at a later date.

5. DEM Output 5 (results). Twelve of 14 (86%) students contracted (i.e., presented approved proposals) to do a follow-up special study in their home programs within the seven broad areas of training. To date, however, only six (43%) of these studies have been completed. Thus, although the stated criterion has already been surpassed, activi-

ties in this area are still underway and /or have not yet been initiated.

6. DEM Output 6 (results). Each SPED 501 practicum participant was assigned at least one objective in each of two areas of the curriculum (e.g., language and fine motor) for their five weeks of individualized instruction with the PEECH and WISP students. Figure 4 indicate that the 80% criterion level was again surpassed (i.e., 86% of the students achieved objectives from the PEECH and WISP practicum IEP's in at least two areas of the curriculum).

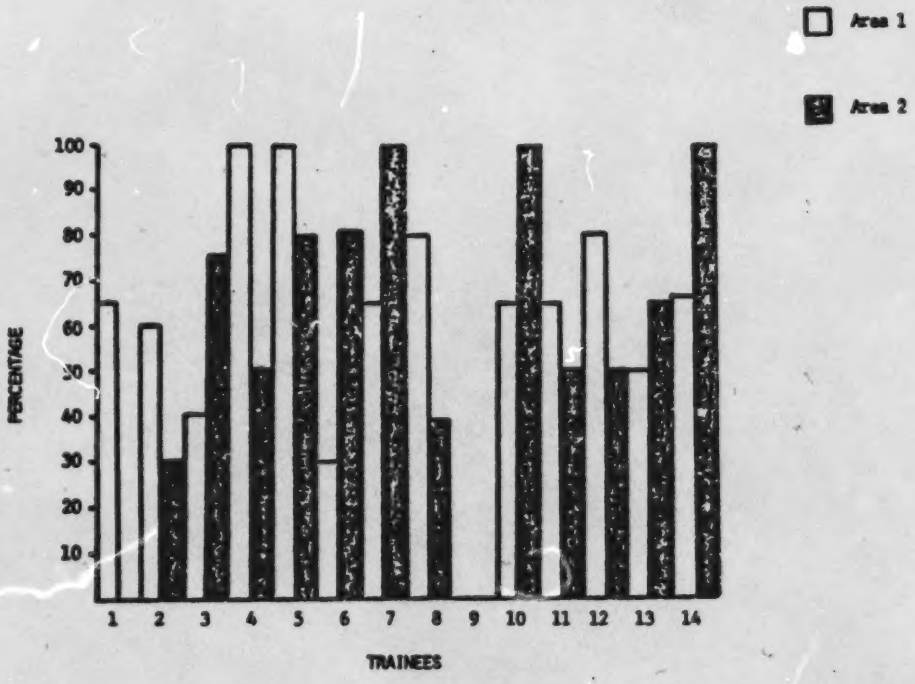

FIGURE 4. PERCENTAGE OF OBJECTIVES ACCOMPLISHED

7. DEM Output 7 (results). Consumer follow-up data relative to output 7 were collected just one week prior to presentation of the present paper and, therefore, time did not permit development of a graphic display. However, preliminary results from a telephone survey of summer 1980 trainees (N=13) indicate that five had provided inservice training to their fellow staff members, and/or had provided other

types of service (e.g., community workshops; screenings) in their home or contiguous counties. An additional seven have scheduled either type of activity at a later date.

8. DEM Output (results). As with the previous output, no graphic display was developed for output 8. Data collected to date from a limited number (N=13) of the trainees indicate that 12 (92%) have applied the NMSU inservice competencies in their own program.

In summary, the stated criteria for six of the eight outputs have been obtained or surpassed during the first 22 months of the project. Output 4 was not measured due to lack of a satisfactory observation instrument. Outputs 7 and 8 were not completely assessed prior to presentation of the present paper.

Discussion

This document has described the major steps involved in the delivery of inservice training to personnel involved in the education of handicapped infants, toddlers, and preschoolers in predominantly rural New Mexico. Results to date were also presented according to DEM convention. Fourteen second-year trainees have just been selected and they will receive five weeks of training in Las Cruces beginning in early July 1981.

Major problems encountered to date include a fixed budget (BEH policy) coupled with rising costs (e.g., wages; WATS line), lack of follow-up activities by some former trainees, and delays (e.g., in development of project materials) brought about by faculty assignments which conflict with the Director's quarter-time project responsibilities.

Future activities include two planned regional workshops in New Mexico during the 1981-82 academic year in cooperation with the National Diffusion Network (DEEP), preparation of a final project report which will be submitted to the ERIC system and, therefore, made available for replication purposes, and cooperation with the New Mexico State College of Human and Community Services (i.e., extension services) for purposes of continuing inservice training activities after the life of the present project.

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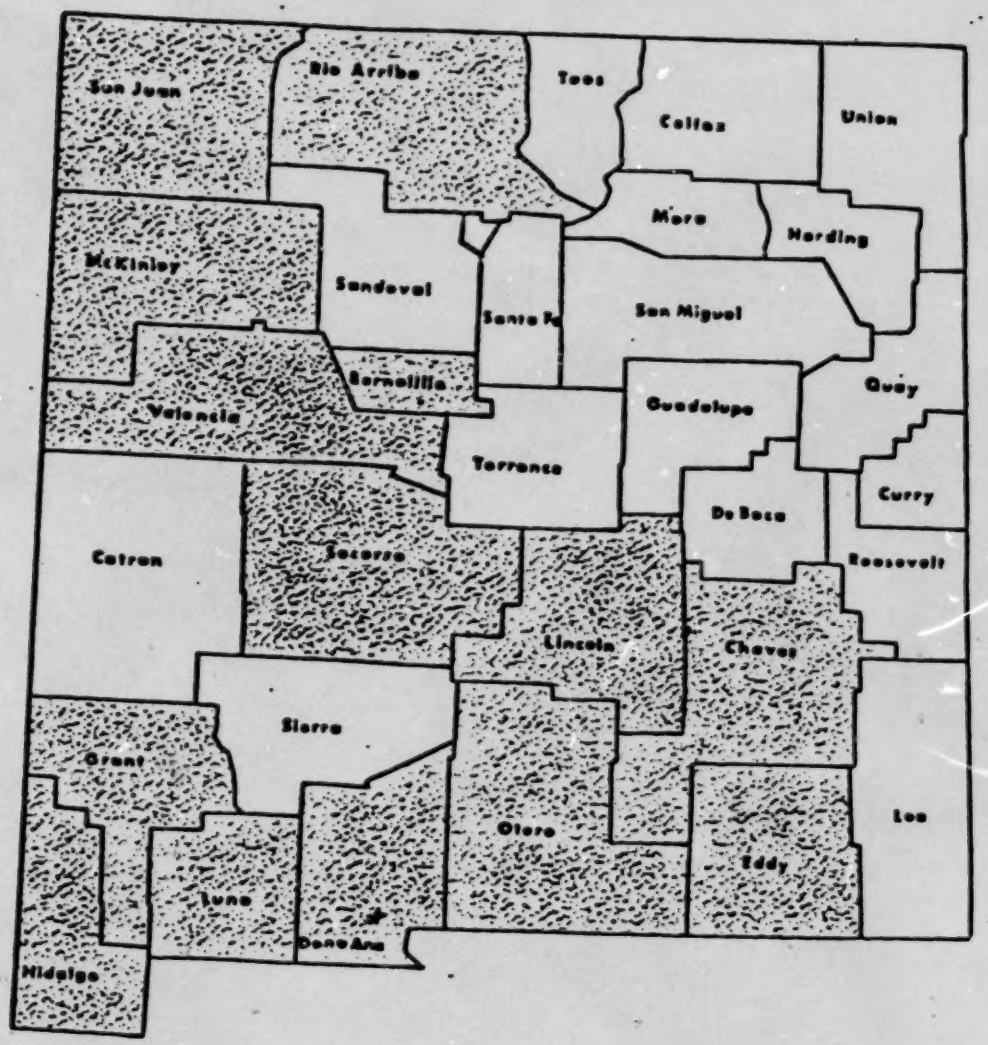
APPENDICES

A. Map of 32 New Mexico Counties (p. 19)

B. Photograph from New Mexico newspaper (p. 20)

C. Excerpt from Student Competency Checklist (p. 21)

D. Excerpt from Syllabus (p. 22)



Counties with trainers (summer, 1980 trainees)

Counties without trainers (summer 1981 trainee

COMPETENCY LIST FOR TEACHERS OF PRESCHOOL-AGED HANDICAPPED CHILDREN

COMPETENCY(IES)	WHERE/HOW ACQUIRED	YES/NO	DATE	EVALUATION MODE (for Preschool Project Preservice Sequence/Inservice Training)
1.11 For a specific preschool handicapped child, the candidate will establish an initial assessment procedure, carry out the assessment, and formulate a statement of current level of performance.	SP&A 706D SP&A 708D PSYCH 642D Other_____	____ ____ ____ ____	_____ _____ _____ _____	1.11 Observation of administration; written/oral report(s) evaluated by instructor
1.12 Given a skill sequence in a particular area, the candidate will develop an informal assessment instrument which will pinpoint a preschool handicapped child's skill level and which could be used by other teachers.	SP&A 706D SP&A 708D EDFD 706M Other_____	____ ____ ____ ____	_____ _____ _____ _____	1.12 Assessment instrument evaluated by instructor
1.13 Given a diagnostic report on a preschool handicapped child which includes formal and informal assessment data, the candidate will explain possible implications for instructional programming (e.g., areas of emphasis; first skills to be taught, etc.).	SP&A 706D SP&A 708D PSYCH 642D EDEX 865D Other_____	____ ____ ____ ____ ____	_____ _____ _____ _____ _____	1.13 Observation of administration; written/oral report(s) evaluated by instructor
1.14 Given the current level of performance in six specific curriculum areas, the candidate will establish yearly goals for a preschool handicapped child.	SP&A 705D (mock data) SP&A 706D SP&A 708D Other_____	____ ____ ____ ____	_____ _____ _____ _____	1.14 I.E.P.s evaluated by instructor

INSERVICE TRAINING MODEL

TENTATIVE SCHEDULE

DATE	TOPIC(S)	CONTENT	GUESTS/MEDIA/TEXT
6/27	Child Abuse & Neglect	Legal & ethical responsibilities Identification Reporting	Filmstrip-sound presentation: What the Educator Sees Handouts Transparencies
6/30	Classroom Management	Direct instruction (review) Quality control in special education (e.g., DASIE) Frederick's Clipboard System Merle Karnes' point of view/ the transdisciplinary approach (review)	Handouts Transparencies
7/1	Program Management	Program Management: Theoretical and practical consideration	Dr. Tim Pettibone, Professor, Department of Management & Development
7/2	Spatial & temporal considerations	Facilities & equipment Scheduling State standards	Handouts Transparencies
7/3	Hurray! Last day	Posttest Other evaluation Announce group competencies for check off purposes	Handouts

Inservice Training Model

Delivering Services to Handicapped Children in Rural Areas: Issues and Answers

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April, 1981

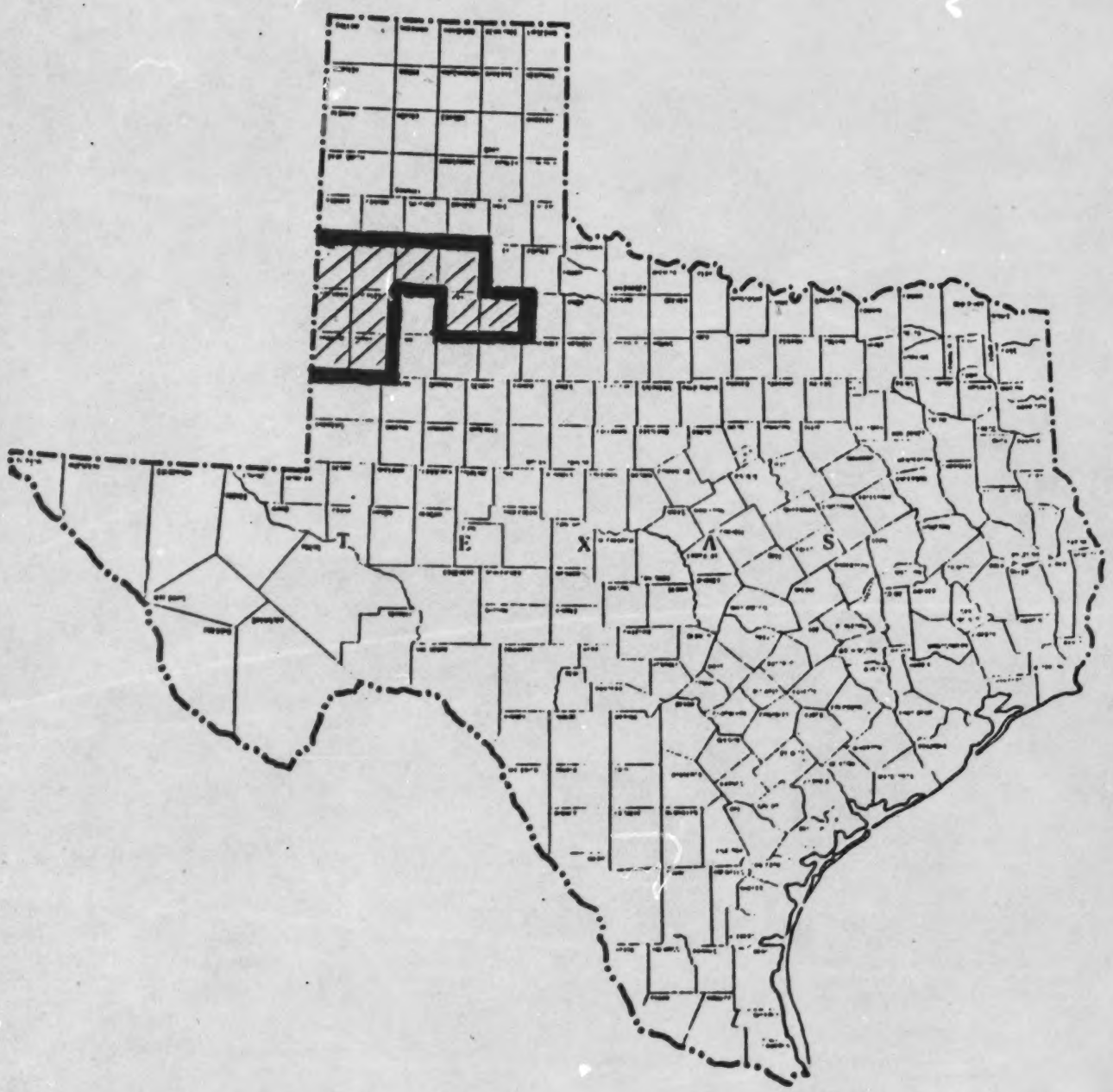
Young handicapped children who live in rural areas of America are entitled to appropriate intervention programs as guaranteed by law. However, the rural provider who delivers the intervention services soon discovers that there are a number of issues that compound service delivery and create some interesting, and sometimes difficult, problems for the service provider to deal with. Many of these issues are also present in urban and suburban areas, but the unique nature of the rural area makes finding solutions more complex.

The issues that must be faced by rural service providers will be addressed in two parts. Part One will describe a rural, home-based program that served young handicapped children. Part Two will address some "rural realities" encountered by the home-based project that seem to be fairly universal for other rural programs.

PART ONE: Project Family Link -- A Home-based Intervention Program for Young Handicapped Children and Their Families

Project Family Link was a rural home-based intervention program for handicapped children ages birth through four years. The project was funded for three years (1977-1980) by the Bureau of Education for the Handicapped, (now the Office of Special Education), United States Office of Education, and was designed to promote emotional, cognitive, and physical growth and development in young handicapped children through a home-based model. Family Link was administered by the Institute for Child and Family Studies of Texas Tech University, Lubbock, Texas, under the direction of Dr. Mary Tom Riley. Project Link served young handicapped children and their families who resided in a ten-county region surrounding Lubbock, Texas (See Figure 1). These ten counties cover a total of 9091 square miles and have an estimated population

AREA SERVED BY
PROJECT FAMILY LINK



of 131,859, making the area served a predominantly rural one. The primary economy of the region is agricultural and many of the enrolled families are engaged in some aspect of farming. Because of this emphasis on farming as a livelihood, the population of the region tends to be somewhat migrant, either moving from one location to another within the service area or moving out of the area entirely in an effort to follow the seasonal agricultural needs.

As might be expected with a predominantly rural, somewhat migrant population, most of the families served by the project fell in the lower socio-economic levels. Many were single parent families, many were on welfare or other supplemental income sources, and over half were bilingual with Spanish the more comfortable language for communication.

Program Model

Project Family Link utilized three components in delivering services to young handicapped children. These components are Home-Based Teaching, Family Involvement, and Linkage of Services.

Home Based Teaching

Project Family Link was based on the Portage Project model (Portage, 1976). This model, originally developed for use in rural home-based programs for the handicapped in Wisconsin, was adapted for use in West Texas and stresses parental involvement and utilization of paraprofessionals as home-based teachers. A home-based teacher was assigned to each family enrolled in the program. The teacher made weekly home visits to provide the parents with guidance in what to work on with his/her child and to model appropriate interaction and teaching strategies for the parent. The parent then became the primary teacher for the child, with

support, guidance, and materials supplied by the home-based teacher.

Family Involvement

Involvement of families in the child's program was an important aspect of Project Family Link. The nature of the home-based program demanded a fairly high degree of parental involvement in the child's program, where parents were primarily responsible for carrying out planned activities with their child. Further family involvement was encouraged through Family Albums, and participation in Family Day Programs.

Each family enrolled in Project Family Link was furnished with a Family Album scrapbook which became the family's permanent and ongoing record of their experiences in the project. The album contained photographs and mementos of the family's experiences in Project Family Link. Each home-based teacher was provided with a camera for taking pictures during home visits, Family Days, and other activities, to be included in the Family Albums.

The Family Days programs were a vital part of Project Family Link. At selected times during the year, families were brought together to meet and interact with each other and to engage in special activities. Parents were provided with training programs that dealt with topics of interest and concern to them, while children engaged in educational programs designed by staff who were trained in the needs of special children. Families were transported to the project site for a day of activities, lunch, and opportunities to visit with other families. Family Days provided a source of contact with other project families and with activities outside the home.

Linkage of Services

Because many enrolled families lived in fairly isolated areas and were not familiar with methods of obtaining needed services for themselves and their handicapped children, Family Link considered linkage one of its priorities. Family Link developed a process for determing what services a family needed, how the services were to be delivered and by whom, and documenting or recording the services for both staff and family use. This process helped identify gaps in service for a particular family and for families who were not receiving services to which they were entitled. It also facilitated communication and co-ordination among agencies. By acting as a liaison agency on behalf of the family, Project Family Link assisted the family in their contacts with health and social service agencies and agencies providing services for handicapped children.

PART TWO: Rural Realities

The rural model just described was faced with the same issues in service delivery for young handicapped children as other rural models and some urban models. These issues can be classified in six major areas:

- reaching families
- type of program
- staff
- parental involvement
- support services
- funding

Although these issues are fairly universal, it seems that rural programs have a more difficult time dealing with them, primarily because of the nature of the rural areas. Each issue has its own set of "rural realities" that compound the situation and have an effect on the intervention program.

Reaching Families

Probably the most basic of the rural realities, and the one that sets rural programs apart from others, is the problem of reaching families. Three factors affect how easily the service provider can reach rural families: geographic factors, transportation, and weather.

Many rural families are isolated geographically, either because of distance, terrain, or lack of accessibility. In some rural areas, families may live fifty to one hundred miles from the nearest town or city, or may live in small towns that are long distances from more urban areas. Often, the distances between rural families are long, so that the family is isolated socially as well. The service provider who has to travel such long distances to reach rural families will end up spending a good portion of time just getting to the family home or getting the family and child to and from center-based programs.

The terrain is often a barrier to reaching rural families. Areas characterized by mountains, swamps, plains, or icy tundras pose difficulties in getting to the rural family. Under normal conditions, reaching these families is difficult, but during various seasons, weather conditions can make the terrain virtually impassable and reaching the rural family almost impossible.

The problem of accessibility of rural families can compound the problems involved in distances and terrain. Many families are accessible only by rutted dirt roads or mountain passes. Weather can again play a part in isolating the family, especially if rains make the rutted road a quagmire or snow closes the mountain pass. The family then become literally inaccessible by land, and reaching them for intervention services is extremely difficult.

Transporation factors also have an effect on reaching rural families. Because many families are isolated geographically, or are at least long distances from more populous areas, the service provider must depend on some sort of transportation system to reach a family. Obviously distance, terrain, and weather have an effect on the transportation system, and compound the problem. Service providers must determine the answers to how to reach families, whether to use personal cars for transportation, if reimbursement is available for expenses, and other relevant questions. There are also the realities of vehicle breakdown in isolated areas, increased wear and tear on both vehicle and service provider, and general lack of other transportation alternatives.

The weather is closely related to geographic and transportation factors in reaching families. Intense sand or dust storms, tornadoes or hurricanes, severe ice and snow, and other weather conditions can prevent service providers from reaching families. Even if the service provider can get through, hazardous driving conditions create safety and stress problems.

In all, the combination of geographic factors, the transportation situation, and weather conditions can make it extremely difficult for the rural service provider to reach families. Aside from weather, these factors are not usually as critical a problem in more urban areas, and reaching families does not pose as great a dilemma for urban service providers. However, in many rural areas, this is the first, and maybe most difficult, problem because intervention cannot take place unless the service provider can reach the family.

Type of Program

To a large degree, the type of program utilized by a rural project is dependent on factors related to distance and location. In areas where the distances between families and town are great, a program may implement home-based services, especially if the handicapped children are scattered geographically and transporting them to a center-based program would not be feasible. Other projects may provide center-based services and attempt to transport, or have parents transport, the children to a centralized location.

The type of program that is most appropriate for a given rural area depends on several things: the geographic distribution of handicapped children; the distances involved (between families and from family to town); the time it takes to transport children, round-trip, or to travel to a family's home; the availability of vehicles for transportation; and the general feasibility of one approach over another.

Staff

A third issue that rural projects must deal with is that of staff. There are several "rural realities" related to staff that a program must consider.

The first consideration is the question of staff qualifications, or using paraprofessional versus degreed teachers as service providers. In many cases, a paraprofessional can, with proper training and support, provide the same services as a bachelor or master level teacher, but for much less money. This becomes significant when considering that rural service delivery will probably be more costly, simply because of the sparsity of population and large distances. The question of availability of personnel is also an important one.

There may be more paraprofessional than degreed people available in rural areas.

The second consideration concerning staff is that of preparation and retention. Many service providers, especially if they are from more urban areas, are not adequately prepared for life in a rural area. In addition, a paraprofessional may not be adequately prepared to work with young handicapped children, and some people are not aware of the stress created in traveling the distances to reach the families.

Because of these factors, retention of staff is often a problem. People who come from urban areas to the rural areas often leave within a few years. Others are not able to withstand the pressures of rural service delivery. This means that the administrator of a rural intervention program may be faced with high staff turnover and frequent training for new staff.

A final consideration regarding staff is that of stress. Driving long distances can result in fatigue and boredom for the rural service provider. Inclement weather and the chance of vehicle breakdown in isolated areas can also be stressful. The service provider who undergoes such stress over a period of time may experience burnout, resulting in poor performance on the job or quitting altogether. This means that the rural project administrator has problems with staff retention and the cycle starts again.

Parental Involvement

Almost all intervention programs, whether urban or rural, seem to have difficulty with parent involvement. However, the "rural realities" that create difficulties in other areas also present increased

problems in parent involvement in rural programs.

The isolation and distance factors described earlier make it difficult for parents to participate in center-based activities. Some parents are unable to leave their homes for job reasons, and even if they could they might not have a means of transportation. Parents who are isolated do not have many opportunities to interact with and learn from other parents. Even casual trips for urban parents, such as to the shopping center, may be unusual occurances for rural parents.

Rural parents in home-based programs may be more involved in their child's program in the sense that they may have primary responsibility for program implementation. However, some parents may lack the motivation to follow through especially if they are isolated geographically and socially, and see the home-based teacher once a week or less.

As with determining the type of program for children in rural areas, the problems of distance and time have an effect on frequency and degree of parent participation and utilization of support services. Some parents are unable or unwilling to drive to urban areas to take advantage of services their handicapped child might need.

Support Services

One of the difficulties in getting support services to handicapped children in rural areas is that frequently such services are not available locally. In many cases, a child must travel to the nearest urban area for speech or physical therapy, doctor appointments, or social services. This again brings up the issue of transportation: Who will take the child? How far is it? How long will it take? For some rural families, a trip to town to take a handicapped child to the doctor involves a whole day's effort.

Many rural families, because they are isolated, are not even aware of available resources in their area. Others may be aware of services but do not take advantage of them because of inability to pay. While these situations are not unique to rural areas exclusively, the "realities" discussed previously concerning distance, weather, transportation, and isolation make it more difficult for rural families to be aware of and utilize support services.

One other factor relating to support services in rural areas should be mentioned. The aspect of coordination of support services and cooperation among service providers is one that again is not unique to rural areas, but is made more difficult by the realities of the rural areas. Support service programs often face the same difficulties in reaching families and avoiding staff burn-out that intervention programs do. Many times, a family may not inform one service provider of another's involvement, and because of distance or geographic situations, the two may never cross paths.

Funding

A final issue of rural service providers to consider is funding for rural programs. Currently, rural programs have to stretch their dollars further to provide services for young handicapped children. The stretch must occur because it costs more to drive further, to maintain vehicles receiving an increased amount of wear and tear, and to provide intervention services. The problem is compounded by the fact that many rural programs do not know where to look for additional money, or even if money is available. Costs are becoming prohibitive and rural programs must either find additional sources of funds or reduce the quality of services they are providing.

The issues in rural service delivery are complex and interrelated. "Rural realities" are complicated and create difficult problems for rural service providers to deal with. The issues seem to be fairly clear; the answers, however, are not as easy to define. Because rural areas are so different across the country and needs and circumstances vary, there will probably not be any single answer that will satisfy all programs. This means that rural projects must continue to be creative and resourceful in serving young handicapped children, and more importantly, must be willing to share ideas and resources with each other in an effort to provide the best possible programs for young handicapped children in rural America.

RURAL EARLY INTERVENTION SERVICES:

ISSUES IN IMPLEMENTATION AND EVALUATION

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Rural Early Intervention Services;

Issues in Implementation and Evaluation

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"Some of those people must just sit on concrete all day. They just don't understand what's happening here in our community. They need to come down here and spend some time with us if they're going to really understand what's going on."

Hickory County Public Health Nurse, 1978

Role of Schools in Rural Communities

The locus of power in our society is in urban, industrialized regions of the country. To a member of the majority urban population, that statement may appear tautological, but to rural families, many of whom have relatively low incomes, it is a reality that affects their daily lives. As Edward Breathitt, former governor of Kentucky, wrote:

> To talk about the rural poor in hopes of stimulating a positive response to rural poverty is like whistling down a rain barrel. The most potent institutions in our society are, after all, neither poor or rural. (1969, p.140)

Decision makers and social scientists, operating within an urban, industrialized perspective, run the risk of applying inappropriate solutions to the problems of rural education and rural poverty. Although professionals do recognize the difficulties of working with poor rural families (Dokecki, 1976), there is danger that either their needs will be ignored for lack of answers, or perhaps worse, urban problem solving methods will be used that will be incongruent with the context in which they are applied.

Gehlen (1969) and Vidich and Bensman (1958) have characterized rural school systems as conservative and as resistant to curriculum expansion, introduction of "value-laden" subjects, increased expenditures, and consolidation with other districts. The teachers, students, and parents are of homogeneous backgrounds and maintain convergent value systems. Frequently, when change is proposed, school boards act as inhibitors of change, while school superintendents are more often initiators of change. The traditional, local orientation of the community demands an "emphasis on the 'three R's' without any 'frills'" (Gehlen, 1969, p.25).

A major factor in the role of the rural school as change agent is the integrating social function that small schools play. As the only social institution in the rural community that has contact with virturally everyone, and as the general meeting place for any large community gathering, the school is seen as central to the stability and cohesiveness of the small town (Gehlen, 1969; Schwarzwell & Brown, 1971). This perception makes the school, as a social institution, a highly public and visible entity. Educational change is seen as affecting more than just the classrooms and the children within them. Thus, as Gehlen points out, questions of educational reform often attract many community elements who do not usually participate in discussion of social issues. This may be especially true for religious groups who see their own role as culture and value transmitter being threatened by the school system. Albizu-Miranda (1966) saw this as a transitional phenomenon; in rural areas the family and church serve as culture transmitters, but in urban areas the school has usurped these institutions as the primary culture bearer. Communities moving from rural to urban orientation will face this shift in the respective functions of family, church, and school.

The implementation of early intervention programs for handicapped or developmentally delayed children should take these school-community characteristics into account. Where such programs operate as part of the public school system, they may be viewed as educational change beyond that which is normally sanctioned. Although they are federally-subsidized, community members may perceive them as increased financial burdens. When the design and regulations attached to such programs are externally-generated, there may be community resistance, leading to a lack of structural integration. In addition, the traditional socialization and value-transmission that occurs before the child enters school may be perceived as threatened by those who view federally funded and regulated programs as "mandatory treatment" for three and four year old children.

In sum, rural communities are more likely to rely on family, school, church, and voluntary organizations to maintain social stability or to resolve social problems than urban areas which tend to rely on formal social service programs. These indigenous systems have been called mediating structures (Berger & Neuhaus, 1977) because they serve as a buffer between private, autonomous individuals and centralized, bureaucratic institutions created through public policy making. The existence and role of these mediating structures must be assessed when attempts are made to intervene in the development of very young children.

Characteristics of Rural Early Intervention Programs

During an eighteen-month period from 1978-1979, a field study of two rural early intervention programs in Southern Appalachia was conducted to demonstrate one approach to qualitative, ecological program evaluation (Mallory, 1980). The two programs observed were federally funded, centrally administered, programs for preschool aged children

with diagnosed handicapping conditions, or who were at-risk for becoming educationally handicapped. Each program had been operating for five or six years. One located in "Hickory County" utilized a combination of home-based and center-based services, and the other in "Winchester County" was primarily center-based. The former was for "educationally disadvantaged" children three and four years old, and its curriculum approach was an eclectic mixture of developmental, open-structured, and school readiness models. The Winchester County program was a replication of an urban model for "oppositional" children with behavioral and emotional problems. It served children from two and a half to six years old, and relied on behavior modification principles in its curriculum. Although initially intended to serve only children with behavior disorders, the Hickory County site gradually enrolled a broad range of handicapped children primarily because it was the only preschool special education service available within a large geographic area. During this time of expansion in eligibility, the original behavior modification curriculum was maintained. Both programs attempted to train parents to be more effective teachers of their own children.

The intensive field study, which used participant observation as its primary methodology (cg. Bogdan & Taylor, 1975) and the sociology of knowledge as its guiding theoretical framework (cf. Berger & Luckmann), (1967), sought be demonstrate an evaluative methodology which could answer the following questions:

1. To what degree are federally designed and subsidized early intervention programs integrated into rural social and political structures?
2. How and why does the degree of integration change over time?
3. As a program is operationalized over time in a rural setting, what community systems influence the program and cause it to diverge from its initial policy objectives and from its initial experimental or

demonstration design?

4. In rural communities characterized by homogeneous populations, few formal social service delivery systems, and relatively low educational and occupational achievement patterns, why is there public support for early intervention programs for preschool-aged children, i.e., what is the perceived value of such a program from the perspective of consumers, school personnel, government officials, social service providers, and others?

5. How do the program modifications and the various perceptions of the program affect the degree of integration of the program with other community-based social institutions such as public school systems, mental health centers, voluntary service organizations, public welfare agencies, and local political structures?

Recognizing the importance of these questions is central to understanding the process of social change guided by public policy. But recognizing their importance does not lead to answers which can be applied readily to the policy making process. The traditional evaluative questions that have guided policy making have weighed costs against quantitative measurements of how individuals are affected by a specific program. The evaluative framework has focused on the ratio of costs to benefits, with "costs" often limited to fiscal outlays and "benefits" often limited to the observed changes that have occurred in individuals or groups as a result of the incurred costs. This model of evaluation has grown out of the corporate ideology that serves as a model for most educational and social service policies in the United States (Katz, 1975).

The field of special education has manifested this tension between individual quantitative change and the social context in which it occurs. This has been especially true where the children labeled as handicapped have suffered from no apparent organic injury or disease. However, the

convergence of empirical evidence, social values, and public policy have increased pressures to locate and assess young children who may be cognitively delayed or at-risk for such delay when they enter the public schools. This has meant that children who traditionally have remained within the purview of their parents for the first six years of life are now being sought by public agencies seeking to compensate for potentially damaging environments with the goal of enhancing the children's developmental status.

The hypotheses which emerged from the field study are discussed below. The hypotheses are presented in hierarchical order, from an overarching statement about the distribution of knowledge to more particular statements about service delivery and resource allocation. The hypotheses are those for which there is strong support in the findings and which can lead to further investigation. They are intended to apply to rural communities implementing early intervention programs and related services, but they should be tested in other settings with other social policies in order to make them more robust and to elevate their theoretical implications from substantive to formal constructs.

1. Social distribution of program information necessary for decision making.

Administration of early intervention programs is accomplished largely through the controlled distribution of special knowledge about the program by policy makers to supervisory staff, school board or agency board members, classroom staff, participating families, and the general public in that order.

"Special knowledge" includes information about budget-setting, state and federal regulations, requirements for parent participation, local policy decisions that have bearing on a program eligibility requirements, and similar information necessary for problem solving. In controlling the distribution of this knowledge, program administrators act as filters to determine what kind and how much information should be released, who

has access to it, and when it should be made available. Decisions as to the distribution of information are made privately by one or two people who have ready access to technical or non-public information by virtue of their status as experts, administrators, or elected officials. These people decide when it is in the best interests of a program (and their own status) to make private knowledge public. Their concerns are generally focused on the broader political consequences.

The result of this pattern of information control is a perpetuation of hierarchical organizational structure based on top-down policy-making. Regardless of statements about the intended redistribution of knowledge and power found in federal anti-poverty and educational legislation, and regardless of local expressions of support for participatory problem solving, the ideal remains a public image while policy decisions are developed privately and unilaterally.

II. Locus of control and community integration.

The more centralized is program administration, the less the program will be responsive to either traditional or changing community needs, and the integration of the program with the existing network of community services will be reduced.

The concept of "centralized administration" refers here to the physical and social distance between program administration and those who participate. Administrators may be located in county seats, regional offices in population centers, state department offices in the capitol, and federal agencies in Washington. As the distance between participant and administrative level increases sensitivity to local needs and circumstances decreases. And, as programs are required to respond to distant directives relating to goals, design, and target population, their ability to assimilate themselves into the local network of services is hindered.

This was evident in the continuing inability of the Winchester County program to recruit and enroll enough families to meet its funded capacity. Allegience to the original urban model limited the program to serving families with non-working mothers who had their own transportation and who could accept the operant techniques required by the model. As well, the program administration, based in a regional mental health center, was committed to a treatment model that paralleled its own therapeutic approach, thus limiting services to behavior-change and social adjustment objectives rather than addressing the more comprehensive developmental needs of the handicapped children who were enrolled.

The Hickory County program administration was centralized in the school board building in a county seat. This limited the program's ability to adapt to the special needs of those who lived in a mountainous area of the county, resulting in a conscious but non-public neglect of the mountain classroom. Avoidance of publicity and little interaction with other early intervention efforts (especially Head Start) resulted from the desire to maintain centralized control over the program. Lack of confidence in the teacher's ability to operate the mountain site without close supervision, fears that she would "just get her own kin in the program," and the director's desire to centralize all operations eventually led to the complete shut down on the mountain site. In addition, the local administration's decision to serve higher income families resulted in the program enrolling only two-parent families with non-working mothers, which was incongruent both with changing economic and employment patterns in the county, and with the original intent of the federal legislation which provided program funds (Title I of the ESEA).

III. Local response to externally-generated policies

Federal early intervention policies (especially those that provide funding) will be adapted by local political structures to meet local needs for (a) control over program operation and determination of evaluation criteria, and (b) community support.

Because the language of goals, design, and evaluation is quite vague for federally-funded early intervention programs, there is a good deal of slack to be taken up by local decision makers. This slack allows the development of local program design and evaluation criteria that will meet the needs of the decision makers regardless of the ability of the local design to make real changes in children's development and regardless of the validity of measurability of the local evaluation criteria. There was very little state and federal monitoring of the two programs observed to see that they were meeting intended objectives. The modification of initial goals and design by local officials occurred either through overt, conscious acts, as in the decision to serve a higher income group, or through passive, unintended reactions to community circumstances, as in the Winchester County program finding itself serving a wide range of handicapped children rather than just those who were "oppositional." In the former case, planned change was a result of the need to serve families who would provide more articulate and influential support to the program. In the latter case, unplanned change represented some accommodation to existing needs which confronted the program. If the program had not responded to that unanticipated need, there would have been little support for its continuation.

In the Hickory County program, the Learning Accomplishment Profile (LAP) had been prescribed initially as an evaluation instrument by the State Department of Education, but its use was not mandatory after the

first year. The decision to continue using it as an evaluation tool was based on its expediency, simple interpretation, and usefulness for showing aggregate profiles of children's improvements. Its lack of validity, the use of biased testers, and inappropriate scoring were not seen as problems by administrators who wanted to "prove" that the program made a difference. The need for community support, especially due to fears that state support was about to end, was the determining factor in serving more educated, politically powerful families and using non-standardized evaluation instruments to generate "objective" results.

IV. Identification of eligible population

Early intervention programs will serve those children and families who (a) are more politically powerful and/or vocal; (b) may be other than those for whom such programs are intended, especially where the intended population is most vulnerable to developmental harm, (c) most easily adapt to the local design of the program in terms of family form and cultural values, and (d) are most accessible.

This hypothesis is a more specific version of the preceeding one. Here the focus is on how the situated meanings of labels such as "handicapped," "educationally deprived," "disadvantaged," "delayed," etc., become accepted as subjective realities by those who apply the labels to determine who should be enrolled.

Bogdan's (1976) findings in a review of the handicapped mandate in Head Start parallel our findings.

> As the mandate passed into the world of common sense understanding, its intent was lost or transformed in a complex process by which people discern, order, and reorder their own worlds.
>
> The findings provide clear illustration of how requiring an organization to serve specific "types" of clients makes those types more precious commodities, heightens competition for them and increases official occurrence rates. When an organization is required to recruit and count particular "types" of clients, there is a tendency for its personnel to broaden definitions so as to make more people eligible. (p.234)

This phenomenon was especially evident in the determination of eligibility in Hickory County, where virtually all children who applied were found to be significantly delayed by the program staff. Yet the determination of a delay did not generate special educational procedures aimed at individual children's needs. Rather, the desires of both parents and staff to socialize children and prepare them for school expectations led to a readiness-oriented curriculum based on group activities rather than individual education plans.

This program also served only families who did not require day care services. In fact, the use of day care was seen by the staff as a sign of parental failure appropriate only for the "lazy" and "morally weak" (i.e., divorced) families who enrolled their children in Head Start. On the other hand, the value that "any child whose mother works is deprived," was often a determining factor in the program's determination of "educational deprivation."

Both programs (and the area Head Start program) served only those families that were most accessible or who had their own means of transportation. The Head Start program had a policy of not serving children beyond a 10 mile radius of their centers, thus excluding children who lived in the most sparsely populated areas.

V. Service delivery systems

Regardless of intended goals, centrally funded/locally administered programs are conducted so that program design is determined by perceived program needs rather than perceived client needs.

The two programs observed were designed so that families had to adapt to program format rather than having the programs adapt to meet family circumstances. In Winchester County, parents either had to attend the center every day and carry out the prescribed operant training techniques or not make use of the services. One of the classrooms was

open only two days a week because that was all the staff time that was available, not because that was all that children and parents required in the way of services. At both sites, treatment programs focused on changes in compliance with adult demands, regardless of the child's primary handicapping condition, because that was how the original urban model worked. The different population being served by the rural replication project did not result in different treatment approaches.

In Hickory County, the mountain classroom was closed because it was beneficial to the program's administration to maintain only one centrally-located site. The demand (and apparent need) for the service persisted on the mountain, but this was not a sufficient reason to pursue ways to keep the program going. The closing of the mountain center, in conjunction with the shift to serving higher income families, acted as a "gatekeeper" to early educational opportunities for those in most need of the program. The adminstration, through these policies was able to reallocate its efforts to families that were less likely to require formal assistance in their child rearing functions and at the same time assure that the families who traditionally did not have access to educational opportunities remained in a disadvantaged status relative to the general population. This is ironic given the intent of Title I legislation to redistribute educational resources to meet "the special educational needs of children of low income families," but consistent with the notion that allocation of scarce resources is seldom to the advantage of the have-nots.

VI. Local resource allocation

The allocation of early intervention resources is determined by political and economic factors in those communities eligible for the resource rather than by an assessed need for such services.

This was particularly true for the "under the mountain/over the mountain" tension observed in Hickory County. Those who lived "over the mountain" were devalued by those who lived "under the mountain", an area which included the county seat. The mountain residents were viewed as uncooperative, prone to complaining, and "rough." There was a common belief among those who lived under the mountain that the mountain people did not pay their share of the county taxes, and this belief was lent some truth by statements of mountain people who expressed an unwillingness to pay their taxes if they did not receive a greater share of highway and education appropriations. As well, the mountain had a reputation for uncooperative and inconsistent school board members. Placement at the mountain school was used as "punishment" for teachers from other parts of the county who were judged to be performing poorly or were having conflicts with administrators or school board members. The mountain had little political clout and had no industry to contribute to the general tax base. These factors combined with the desires for centralization and a non-controversial public image resulted in the administrative consensus to close the early intervention program on the mountain.

In the Winchester County program the decision to open an expansion site in an adjoining county was related to the political and economic support that the county had given to the regional mental health center. The presence of a strong voluntary association to support the mental health center's efforts and the commitment of the county executive to social services for children and families led to the choice of that county as the expansion site. Prior to the expansion, no needs assessment was done in any of the region's counties to determine where the greatest need (or demand) existed for early intervention services, thus the decision was based on factors such as the accessibility of the town, the

presence of the mental health center outreach office, and the anticipated donation of $200,000 by the voluntary group toward the construction of a mental health facility.

VII. Integration with social service networks

There is no difference in the degree of program-community integration between programs under public school sponsorship and those under private non-profit sponsorship.

Although the two programs evaluated had different patterns of integration with existing service systems and political structures, there was little difference in the degree of integration. The Hickory County program was a part of the public school system and had good relationships with school administrators. But a conscious avoidance of publicity and public discussion about the program, and the absence of cooperative relationships with Head Start and other regional early intervention programs resulted in a low level of integration. Major decision makers were for the most part unaware of the program. Health care and social service providers interacted with the program concerning selection of children, but had little involvement otherwise. The Winchester County program, housed in a state university and sponsored by a regional mental health center, had some interaction with Head Start and regional health care providers, but had poor relationships with the county school systems. At an administrative level, there were ties with welfare and health departments but those ties rarely affected the children and families enrolled in the program. These findings are congruent with the Kirschner Report (1970) which surveyed the impact of Head Start programs on local communities and found no difference in effect of Head Start on other service systems if the programs were sponsored by a public school or by a non-profit community action agency.

Conclusions

These hypotheses lead to an explanatory paradigm of the implementation of early intervention programs in rural communities. First, top-down policy-making is characterized by the control of special knowledge about a program through selective distribution of information to administrators, board members, staff, parents in a reactive or reflexive position in terms of their ability to determine the goals, design, and evaluation criteria for a program. The lack of opportunity to play an integral part in policy-making is balanced somewhat by the lack of monitoring experiences by the programs. These factors generate a vacuum in which there is little specific information available, but where there is some slack that can be taken up through local adaptation of centrally-conceived objectives. This process of adaptation is guided by indigenous political, economic, and cultural values more than by the particular needs of the population intended to benefit from the services. Adaptation is both an active and reactive process in that some decisions are conscious efforts to modify a program to bring it more into line with community characteristics while other decisions are in response to external circumstances such as changing government policies or economic conditions. This results in the apparent subversion of centrally designed and funded social policies so that they conform to local circumstances regardless of original intent. In sum, centrally controlled implementation (including setting of goals and evaluation criteria) is not successful (in these two cases) in assuring the replication of a specific program model aimed at a narrowly defined population living in rural communities.

Implications for Early Intervention Policy Making

The findings above indicate the need for new approaches to implement evaluating early intervention policies and programs. To build this new model, we must conceive of policy-making and evaluation as two-way processes. Before a policy or program is developed, there should be a "pre-implementation phase" in which goals, design, and evaluation criteria are established. This phase would include opportunities for direct input by potential service providers and participants in two areas. First, an examination and explication of regional cultural values must occur in order to determine the congruence of the proposed policy with familial and community-wide patterns. It should be the responsibility of local residents to conduct a "cultural assessment" and identify the consequences of its findings for policy implementation. The survey should address such issues as attitudes toward state intervention, the expressed value of education, the roles of parents and others in child rearing, religious beliefs, educational aspirations and expectations, community response to disabled or deviant persons, and the roles of informal kin and voluntary support systems in child development. Second, a local or regional government agency should provide some assessment of major social indicators prior to implementation. This would include demographic information on groups that will potentially benefit from a policy, such as family size and form, employment patterns, presence of extended family, and migration patterns. As well, economic indicators of the local tax base and availability of local contributions to a program should be developed. Other areas to include in this survey might be a description of local decision making processes, a brief history of previous educational and social change efforts, assessment of idigenous staff characteristics, and an overview of the existing social service network. Most of

these are areas in which there already exists a data base from which to draw. The problem has been that the presentation of this information in a funding proposal rarely influences central policy-making and evaluation. There remains a need for a useful pre-implementation ecological assessment that has direct bearing on the delivery of services at the local level. This is also an area in which a state or federal monitor could act more as a consultant and resource and less as an auditor.

Finally, the early intervention service delivery system needs several refinements in order to better meet the needs of rural families with handicapped children. The guiding principle of rural early intervention programs should be to provide what Weller (1965) calls "personalization of services." When services are personalized, they are congruent with the essential "capacity for relatedness" (Looff, 1971, p.157) that is a central trait of rural families. This capacity is based on the cultural importance of ascribed characteristics such as family ties and place of residence. The tendency to look out first for one's own provides a natural support system that should be utilized in the implementation process. Looff (1971) writes:

> The implications for the mental health field of this capacity for relatedness should not be underestimated. All forms of mental health intervention (treatment) involve the giving and the taking of help in an interpersonal context. In my experience, and that of others, the relationship capacities of Eastern Kentucky families are very real indeed, and these capacities are not dimmed by the families' migration to other settings. Presumably, then, those who work in any helping capacity with Eastern Kentucky families, either locally, or in other settings, will find mutual relationships a powerful tool and thrust. When Weller and others refer to "personalization of services," they are talking primarily about this capacity for relatedness. After relationships are established, services can then be brought into focus (p.57-80).

In this study, the importance of family ties was seen in the determination of who received services, who was hired and fired, and how the programs were publicized. A greater reliance on personal relationships was observed in the more rural communities. We must translate this sensitivity to the need for personalized services into practice. For example, it was obvious early in the research that one program was serving many families who had kinship ties. Our first reaction was to criticize this practice as being discriminatory against need families who were not part of the network of related participants. That may be the case, but to regulate against the practice as an "equitable" solution would be futile. Rather, an alternative that capitalizes on personal relationships is necessary. One strategy would be to identify some number of eligible families with delayed or handicapped children, and then ask those families who they know that has a similar need for support. The first set of families would become the primary service recipients, with training provided to them so they in turn can provide support to related families. Perhaps each of the "core" families would be responsible for helping two or three "secondary recipient" families, and the core families would either receive free services or be compensated for training the others. In this way services are distributed more widely while personal relationships are recognized, enhanced, and made part of the program design.

One recently developed model for rural early intervention services incorporates kinship ties and informal support networks into its design. The Family, Infant and Toddler Project (Gabel, 1980) attempts to demonstrate one method for supporting young retarded children and their families in rural areas characterized by few professional personnel, geographic isolation, and a wide dispersion of the target population. The Project is aimed at nuclear family members, extended kin,

and professionals who provide education and related services in rural communities. Gabel's summary of the conceptual orientation of the Project supports the view taken in this paper.

> The FIT Project is guided by an ecological perspective. In this framework, children are viewed as functioning and developing parts of social systems (Hobbs, 1966). Thus, young, mentally retarded children are conceived as embedded in nuclear families, that is, parents and their children, and parts of broader extended families. Extended families include the extended kinship system, persons related to the nuclear family by blood or marriage, and the informal kinship system consisting of friends, neighbors, and associates (Pattison, Defrancisco, Wood, Fraizer, and Crowder, 1975). Both mentally retarded children and their families operate within larger systems in their communities. For these children and families who are frequently in need of specialized human services, the social, educational, and medical service delivery systems are particularly salient. The politically active elements of the broader community also become relevant since they influence the quality and availability of required professional services.

The characteristics of early intervention professionals also must be considered. Looff (1971) suggests that indigenous public health nurses can be the primary service providers for rural families with young children. The lack of stigma attached to public health nurses, their personal knowledge of the region and its families, their sensitivity to local values, and their preventive orientation make them a good choice. It may be that mental health workers carry some stigma in rural communities, and educational professionals often claim that they lack competence to work with preschool children or shape their services into school-like programs that do not meet the comprehensive needs of families and young children. In contrast, the public health nurse role is a legitimate, non-threatening, and broadly conceived approach. It is a role already being used in many rural programs, but it needs to be recognized and strengthened through public policies.

One issue that has raised numberous questions in this study is the identification and labeling of handicapped or at-risk children. Many of the problems associated with identification and labeling are related to categorical, exceptionalistic policies for children who are "educationally deprived," "culturally disadvantaged," or simply "low income." Developmental needs are confounded with socioeconomic status. Although there are correlations between the two, their interchangeability in child development policies has been confusing and unproductive. Families with children with similar special needs should not have to go to different services because they are not of the same income group. Hobbs (1975) has proposed a needs-based classification system that addresses developmental status rather than gross categories of exceptionality or economic deprivation. Such a system would generate a truer picture of children's needs and would help reduce the inappropriate placement of children in segregated, dead-end programs. One consequence of a needs-based system would be the universal provision of services without the categorical entanglements now creating so much confusion in Title I and special education programs. One caveat is in order here. Developmental need is not the same as academic need. Preschool children require comprehensive support in areas of cognitive, affective, social and physical growth. Simply providing verbal and numerical skills and training classroom specific behaviors does not constitute developmental support.

These recommendations are generally stated and do not resolve basic questions of centralization, resource distribution, and proper relationship between government and families. These are issues that must continue to be examined by social researchers, policy analysts, and concerned lay citizens. Any such examination must take into account the ecological variables that effect policy development and implementation. This will lead to a deeper understanding of the particular characteristics

of communities and the relation of those local characteristics to national goals.

Although the sociological perspective and values utilized here are not widespread in the field of special education, qualitative socio-political analyses are necessary in order to understand the broader effects of behavioral change programs that operate through public institutions such as schools, health systems, or social welfare agencies. If the goal of special education is to provide environments that stimulate the optimal development of children with special needs, the creation of those environments must consider the familial, social, economic, and political contexts within which programs operate. This is particularly true for early childhood programs that intervene in the most basic social relationship--the interaction between parents and children during the first few years of life. If we do not understand the social conditions within which this dynamic relationship is evolving, our efforts will be futile if not harmful.

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